

Health Department
City Hall Annex
50 Evergreen Avenue
Somerville, MA 02145
617-625-6600 ext. 4300

License #:

DATE : _____

FOOD ESTABLISHMENT PERMIT APPLICATION
(please fill out both sides)

- 1) Establishment Name: _____
2) Establishment Address: _____
3) Establishment Mailing Address (if different): _____
4) Establishment Telephone Number: _____
5) Applicant Name & Title: _____
6) Applicant Address: _____
7) Applicant Telephone Number: _____ 24 Hour Emergency Number: _____
8) Owner Name & Title (if different from applicant): _____
9) Owner Address (if different from applicant): _____

10) Establishment Owned by: 9 An association 9 A corporation 9 An individual 9 A partnership 9 Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table><tr><td><u>Name</u></td><td><u>Title</u></td><td><u>Home Address</u></td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

- 12) Establishment Type (check all that apply)
- | | | | |
|--|-------------------------|----------------------------------|-----------------|
| ___ Retail Food:...0 - 1000 sq. ft. | \$175 | ___ Food Service:...0 - 25 seats | \$175 |
| ___1000 - 7500 sq. ft. | \$250 | ___26 - 200 seats | \$250 |
| ___> 7500 sq. ft. | \$400 | ___> 200 seats | \$400 |
| ___ Milk | \$ 10 | ___ Food Service - Take Out | |
| ___ Ice Cream | \$ 25 | ___ Food Service - Institution | |
| ___ Frozen Desert Manufacturing | \$ 25 | (Meals/Day) | |
| ___ Residential Kitchen for Retail Sale | \$150 | ___ Food Delivery | |
| ___ Residential Kitchen for Bed & Breakfast Home | \$200 | ___ Caterer | \$200 |
| ___ Residential Kitchen for Bed & Breakfast Establishments | \$200 | ___ Mobile Food | \$175 |
| ___ New Business Application Fee | \$200 | ___ Vehicle Registration # _____ | |
| | | ___ Location of Tobacco Sales | \$ 50 |
| | | ___ Other (describe) | |
| | TOTAL AMOUNT DUE | | \$ _____ |

MAKE CHECK PAYABLE TO HEALTH DEPARTMENT
PAYMENT DUE WITH APPLICATION — NO CASH CAN BE ACCEPTED.

- 13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)
Name & Title: _____
Address: _____
Telephone Number: _____ Fax Number: _____
Emergency Number: _____
14) District or Regional Supervisor (if applicable):
Name & Title: _____
Address: _____
Telephone Number: _____ Fax Number: _____
15) Name of Person in Charge Certified in Food Protection Management: _____

Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) (Please attach copy of certificate)

Food Establishment Information

- 16) **Water Source:** _____ 17) **Sewage Disposal:** _____
DEP Public Water Supply No: (if applicable) _____
- 18) **Days and Hours of Operation:** _____ 19) **No. of Food Employees:** _____
- 20) **Person Trained in Anti-Choking Procedures** (if 25 seats or more): Yes No
- 21) **Location** (check one): Permanent Structure Mobile
- 22) **Length of Permit** (check one): Annual Seasonal Dates: _____ Temporary/Dates/Time: _____

23) Food Operations: (Check all that apply):	Definitions: PHF – Potentially hazardous food (time/temperature controls required) Non-PHF – non potentially hazardous food (no time/temperature controls required) RTE: - ready -to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)	
Sale of Commercially Pre-Packaged Non-PHFs	PHF Cooked to Order	Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
Sale of Commercially Pre-Packaged PHFs	Preparation of PHFs for Hot and Cold Holding for Single Meal Service	PHF and RTE Foods Prepared for Highly Susceptible Population Facility
Delivery of Packaged PHFs	Sale of Raw Animal Foods Intended to be Prepared by Consumer	Vacuum Packaging/Cook Chill
Reheating of Commercially Processed Foods for Service Within 4 Hours	Customer Self-Service	Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
Customer Self-Service of Non-PHF and Non-Perishable Foods Only	Ice Manufactured and Packaged for Retail Sale	Offers Raw or Undercooked Food of Animal Origin
Preparation of Non-PHFs	Juice Manufactured and Packaged for Retail Sale	Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	Offers RTE PHF in Bulk Quantities	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application
	Retail Sale of Salvage, Out-of-Date or Reconditioned Food	

- 24) **Retailer's License for Sale of Cigarettes:** Department of Revenue License Number _____
Issue Date _____
- 25) **Restaurant/Food Service:** Total # of Seats _____ Non-Smoking Seats (100%) _____
- 26) **Mobile Food Units/Pushcart:** Application for mobile food units or pushcarts must include a list of handwash and toilet facilities available on each route . Attach a separate sheet.
- 27) **Extermination – Frequency of Service** (check one): Weekly Bi-Monthly Monthly
Contractor's Name _____ Telephone # _____
- 28) **Rubbish/Garbage Collection – Frequency of Service** (check one): Daily Bi-Weekly Weekly Bi Monthly Monthly
Private Collection: Contractor's Name _____ Telephone # _____
Address _____
- 29) **Dumpster on Location** (check one): Yes No
Dumpster lid must be closed at all times – locked if necessary. Dumpster/Storage area to be kept clean at all times.
- 30) **Trash Barrels Required if Private Off-Street Parking Provided:** # of Barrels _____
Barrels must be emptied at least once a day or more often if necessary.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

31) **Signature of Applicant:** _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

32) **Social Security Number of Federal ID:** _____

33) **Signature of Individual or Corporate Name:** _____